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FEC FORM 3X

Only

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT ₩ over the lines American Hospital Association PAC 325 Seventh Street, NW ADDRESS (number and street) Suite 700 Check if different than previously Washington DC 20004 reported. (ACC) FEC IDENTIFICATION NUMBER STATE. ZIPCODE 🛋 CITY A IS THIS **AMENDED** NEW C00106146 Χ REPORT OR (A) (N) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: **Termination Report** (TER) in the Election on State of 05 0 1 2005 05 3 1 2005 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Ms. Melinda Hatton Type or Print Name of Treasurer Electronically Filed by Ms. Melinda Hatton 06 29 2006 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 02/2003)

Image# 26940215543

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name American Hospital Association PAC [®] D " D 0.5 0 1 2005 0.5 3 1 2005 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand [°]2005 530585.12 January 1 (b) Cash on Hand at 349049.84 Begining of Reporting Period 73842.44 297303.55 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 422892.28 827888.67 6(a) and 6(c) for Column B) 82354.06 487350.45 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 340538.22 340538.22 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name
American Hospital Association PAC

Report Covering the Period:

From:

м м 0 5 ^D 0 1

2005

To.

м м 0 5 ^D 3 1

^Y 2005

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	38361.82	115529.79
	(ii) Unitemized	20302.16	42342.13
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	58663.98	157871.92
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	5000.00	5500.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	63663.98	163371.92
2.	Transfers From Affiliated/Other Party Committees	10000.00	132485.00
3.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	538.13
•	to Federal candidates and Other Political Committees	0.00	0.00
7.	Other Federal Receipts (Dividends, Interest, etc.)	178.46	908.50
8.	Transfers from Non-Federal and Levin Funds		
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
9.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	73842.44	297303.55
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	73842.44	297303.55

(subtract Line 21(a)(ii) from Line 30(a)(ii)

from Line 31).....

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4 **COLUMN A COLUMN B II. DISBURSEMENTS Total This Period** Calendar Year-to-Date 21. Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) 0.00 0.00 (i) Federal Share..... 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 304.06 1873.45 Expenditures..... (c) Total Operating Expenditures 304.06 1873.45 (add 21(a)(i), (a)(ii) and (b))............ 22. Transfers to Affiliated/Other Party 0.00 0.00 Committees..... Contributions to 23. Federal Candidates/Committees.....and Other Political Committees..... 81550.00 484850.00 24. Independent Expenditure 0.00 0.00 0.00 0.00 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 27. Loans Made..... 28. Refunds of Contributions To: Individuals/Persons Other 0.00 40.00 Than Political Committees 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 500.00 500.00 (such as PACs) (d) Total Contribution Refunds 500.00 540.00 (add Lines 28(a), (b), and (c)) 0.00 87.00 29. Other Disbursements..... 30. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6) 0.00 0.00 (i) Federal Share 0.00 0.00 (ii) "Levin" Share (b) Federal Election Activity Paid Entirely 0.00 0.00 With Federal Funds (c) Total Federal Election Activity (add 0.00 0.00 Lines 30(a)(i), 30(a)(ii) and 30(b)).... 31. Total Disbursements (add Lines 21(c), 22, 82354.06 487350.45 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 32. Total Federal Disbursements

82354.06

487350.45

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Total Contributions (other than loans) from Line 11(d), page 3)	63663.98	163371.92
 Total Contribution Refunds (from Line 28(d))	500.00	540.00
Net Contributions (other than loans) (subtract Line 34 from Line 33)	63163.98	162831.92
Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	304.06	1873.45
Offsets to Operating Expenditures (from Line 15, page 3)	0.00	538.13
Net Operating Expenditures (subtract Line 37 from Line 36)	304.06	1335.32

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 6 / 80		
	EMIZED RECEIPTS	or each category of the		(check only one)		
•••	LIVIIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12		
_				13 14 15 16 17		
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the	atements may name and add	r not be sold or used by any persol lress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.		
\setminus	NAME OF COMMITTEE (In Full)					
	American Hospital Association PAC					
A.	Full Name (Last, First, Middle Initial) Ms. Susan L. Bowar-Ferres, PhD, RN			Date of Receipt		
	Mailing Address P.O. Box 137			05 12 2005		
	City	State	Zip Code	Transaction ID: 11109756		
	New Rochelle	NY	10802-0137	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer Mount Sinai Hospital	Occupation V.P. & Ch	n nief Nursing Officer			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		250.00	7		
	Other (specify) ▼	0 0	0 0 0 0 0 0 0			
В.				Date of Receipt		
	Mailing Address 1123 Mistwood Lane			05 12 7 2005		
	City	State	Zip Code	Transaction ID: 11109778		
	Downers Grove	<u> L</u>	60515-1284	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		140.00		
	Name of Employer Loyola University Medical Center	Occupation Vice Pres	n sident, Patient Care Service	S		
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General	1 1	215.00	7		
	Other (specify) ▼	0 0	213.00			
C.	Full Name (Last, First, Middle Initial) Ms. Kathleen D. Sanford, RN, DBA			Date of Receipt		
	Mailing Address 11707 Carriage Place			05 12 7 2005		
	City	State	Zip Code	Transaction ID: 11109779		
	Olalla	WA	98359-9303	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer Harrison Medical Center	Occupation Vice Pres	n sident, Nursing & Administra	ato		
	Receipt For:	Vice Pres		ato		
	Receipt For: Primary General	Vice Pres	ident, Nursing & Administra Year-to-Date ▼	ato		
	Receipt For:	Vice Pres	sident, Nursing & Administra	ato		
s	Receipt For: Primary General	Vice Pres Aggregate	sident, Nursing & Administra Year-to-Date ▼ 500.00	640.00		
\vdash	Receipt For: Primary General Other (specify) ▼	Vice Pres Aggregate	sident, Nursing & Administra Year-to-Date ▼ 500.00			

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER	: PAGE 7/80	
			Use separate schedule(s)	(check only one)		
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b	11c 12	
			Detailed Guillinary Fage	13 14	15 16 17	
An	y information copied from such Reports and State	ements may	not be sold or used by any perso	n for the purpose of soli	citing contributions	
or	for commercial purposes, other than using the na	me and add	dress of any political committee to	solicit contributions fron	n such committee.	
\	NAME OF COMMITTEE (In Full)					
\rangle	American Hospital Association PAC					
۹.	Full Name (Last, First, Middle Initial) Ms. Evelyn D. Quigley			Date of Receipt		
	Mailing Address 720 4th Street			05 12		
	City	State	Zip Code	Transaction ID: 1	1109780	
	<u>Fargo</u>	ND	58122-4520	Amount of Each F	Receipt this Period	
	FEC ID number of contributing federal political committee.	C			250.00	
	Name of Employer MeritCare Medical Center	Occupation	n utive - CNO	7		
	Receipt For:		Year-to-Date ▼	-		
	Primary General	33 13		1		
	Other (specify) ▼		250.00			
3.	Full Name (Last, First, Middle Initial) Ms. Joan Wessman			Date of Receipt		
	Mailing Address 1 Waxwing Cove	05 12				
	City	Zip Code	Transaction ID: 1	1109781		
	Greensboro	NC	27455-1373	Amount of Each F	Receipt this Period	
	FEC ID number of contributing federal political committee.	С			250.00	
	Name of Employer	Occupation	า			
	Moses Cone Health System		rse Officer			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General	-	250.00			
	Other (specify) ▼		250.00			
٥.	Full Name (Last, First, Middle Initial) Ms. Colleen J. Goode, RN, PhD.,			Date of Receipt		
	Mailing Address 4200 East Ninth Avenue Post Office Box A-020			0 5 D 1 2	2005	
	City	State	Zip Code	Transaction ID: 1	1109782	
	Denver	CO	80220-3700	Amount of Each F	Receipt this Period	
	FEC ID number of contributing federal political committee.	C			250.00	
	Name of Employer	Occupation	<u> </u>	\dashv		
	University of Cólorado Ho- spital	•	sident Patient Services & CN	o		
	Receipt For:		Year-to-Date ▼			
	Primary General		050.00	1		
	Other (specify) ▼		250.00			
					750.00	
S	UBTOTAL of Receipts This Page (optional)		<u> </u>		750.00	
T	OTAL This Period (last page this line number on	ly)	>			

TOTAL This Period (last page this line number only)

PAGE 8 / 80 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** 13 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Ms. Alice Kitchen, LCSW, MPA Date of Receipt Mailing Address 3725 Valentine Road 05 2005 12 City Zip Code State Transaction ID: 11110107 Kansas City MO 64111-3839 Amount of Each Receipt this Period FEC ID number of contributing 250.00 C federal political committee. Name of Employer Children's Mercy Hospital Occupation Director, Social Work & Community Serv Aggregate Year-to-Date ▼ Receipt For: Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Raymond B Myers, Jr. Date of Receipt Mailing Address 15962 47th Avenue 0 5 13 2005 City Zip Code Transaction ID: 11121068 State Chippewa Falls WI 54729-1613 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer St. Joseph's Hospital Occupation Assistant Administrator Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) C. Mr. Steven J. Summer Date of Receipt Mailing Address 16 Shannon Place 2005 05 13 Citv State Zip Code Transaction ID: 11121178 Charleston W۷ 25314-2100 Amount of Each Receipt this Period FEC ID number of contributing 500.00 C federal political committee. Name of Employer West Virginia Hospital As-Occupation President & Chief Executive Officer sociation Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional)

	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 9 / 80 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. J. Thomas Jones, CHE Mailing Address 3106 N. Greystone Drive	9		Date of Receipt 05 13 2005
	City	State	Zip Code	Transaction ID: 11121179
	Morgantown	WV	26508-8601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer West Virginia United Heal- th System	Occupation President	n t & Chief Executive Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
3.	Full Name (Last, First, Middle Initial) Ms. Christine R Wray			Date of Receipt
	Mailing Address P O Box 527			05 / 13 / 2005
	City	State	Zip Code	Transaction ID: 11121991
	Leonardtown FEC ID number of contributing federal political committee.	C	20650-0527	Amount of Each Receipt this Period 350.00
	Name of Employer St. Mary's Hospital	Occupation President	n t and Chief Executive Office	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	
D.	Full Name (Last, First, Middle Initial) Mr. James J Xinis			Date of Receipt
	Mailing Address 100 Hospital Road			05 13 / Y Y Y Y Y Y
	City Prince Frederick	State MD	Zip Code 20678-9675	Transaction ID: 11121992 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		360.00
	Name of Employer Calvert Memorial Hospital	Occupation President	n t and Chief Executive Office	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 360.00	
S	UBTOTAL of Receipts This Page (optional)			1210.00
T	OTAL This Period (last page this line number or	nlv)		

S	CHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 10			
			Use separate schedule(s) or each category of the	(check only one)		
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12		
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Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions		
or		ame and add	aress of any political committee to	solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
\angle	American Hospital Association PAC					
Α.	Full Name (Last, First, Middle Initial) Mr. Herman Baumann, III			Date of Receipt		
	Mailing Address 568 Glen Eagles			05 13 2005		
	City	State	Zip Code	Transaction ID: 11159431		
	Palatine	IL	60067-4346	Amount of Each Receipt this Period		
	FEC ID number of contributing					
	federal political committee.	C		250.00		
	Name of Employer American Hospital Associa-	Occupation	1			
	tion-Chicago	Executive	e Director, Business Develop	om <mark>e</mark>		
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		250.00	1		
	Other (specify) ▼	0 0	200.00			
В.	Full Name (Last, First, Middle Initial) Ms. Shireen Gandhi-Kozel			Date of Receipt		
٥.	Mailing Address 2550 University Avenue	\/\		M M / D D / Y Y Y Y		
	Suite 350-S	05 13 2005				
	City	State	Zip Code	Transaction ID: 11159532		
	Saint Paul	MN	55114-1052	Amount of Each Receipt this Period		
	FEC ID number of contributing			500.00		
	federal political committee.	C		300.00		
	Name of Employer Minnesota Hospital Associ-	Occupation	1			
	ation	Vice Pres	sident			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		500.00			
	Other (specify)					
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Jeffrey P. Powell, MD.			Date of Receipt		
٥.	Mailing Address 529 Fordsmere			M M / D D / Y Y Y Y		
				05 13 2005		
	City	State	Zip Code	Transaction ID: 11159562		
	Chesapeake	VA	23322-4311	Amount of Each Receipt this Period		
	FEC ID number of contributing	C		1000.00		
	federal political committee.					
	Name of Employer Eastern Virginia Ear, Nose	Occupation Owner	1			
	& Throat Sp		Voor to Dot-	_		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	,		
	Other (specify)	' '	1000.00			
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s	UBTOTAL of Receipts This Page (optional)			1750.00		
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S	CHEDULE A (FEC Form 3X)	FOR LINE NUMBER: PAGE 11 / 80				
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or	y information copied from such Reports and Sta for commercial purposes, other than using the r	dress of any political committee to	solicit contributions from such committee.			
	NAME OF COMMITTEE (In Full)				_	
$ \rangle$	American Hospital Association PAC					
\angle	'					
	Full Name (Last, First, Middle Initial)					
Α.	Ms. Carolyn Forcina			Date of Receipt		
	Mailing Address 200 Clover Hill Court			05 13 2005		
	City	State	Zip Code	Transaction ID: 11159564		
	Yardley	PA	19067-5736	Amount of Each Receipt this Period		
	FEC ID number of contributing				1	
	federal political committee.	C		500.00	Н	
	Name of European	10		_		
	Name of Employer American Hospital Associa-	Occupation	Executive			
	tion-Chicago Receipt For:		Year-to-Date ▼	_		
	Primary General	riggregate	Tear to Bate V			
	Other (specify) ▼		625.04			
	Full Name (Last, First, Middle Initial)					
В.	Ms. Margaret H. Jordan			Date of Receipt		
	Mailing Address 611 Ryan Plaza Dr Ste	05 13 2005				
	Suite 5D City State Zip Code			Transaction ID: 11159578		
	Arlington	TX	76011-4008	Amount of Each Receipt this Period		
	•		70011 4000		7	
	FEC ID number of contributing federal political committee.	C		500.00	Н	
	Name of Employer Texas Health Resources	Occupation				
	Receipt For:	_	e Vice President, Corp. Affair e Year-to-Date ▼	_		
	Primary General	Aggregate	Teal to Date ¥			
	Other (specify) ▼		500.00			
_	Full Name (Last, First, Middle Initial)			2		
C.	Mr. Jorge Bombel			Date of Receipt		
	Mailing Address 7910 W. Valley Road			05 13 2005		
	City	State	Zip Code	Transaction ID: 11159589		
	Clayton	WA	99110-9602	Amount of Each Receipt this Period		
	FEC ID number of contributing				1	
	federal political committee.	C		250.00		
	Name of Employer	Occupation	2	_		
	Inland Northwest Health	Board Ch				
	Services Receipt For:	-	Year-to-Date ▼			
	Primary General	00 0				
	Other (specify) ▼		250.00			
				4050.00	1	
s	UBTOTAL of Receipts This Page (optional)	1250.00	1			
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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 12/80	
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Δr	y information copied from such Reports and Sta	tomonte ma	, not be sald or used by any perso		17
or	for commercial purposes, other than using the n	name and add	dress of any political committee to	solicit contributions from such committee.	
\setminus	NAME OF COMMITTEE (In Full)				
	American Hospital Association PAC				
Α.	Full Name (Last, First, Middle Initial) Dr. Ann Errichetti, , M.D.			Date of Receipt	
Α.	Mailing Address 16 Orchard Circle			M M / D D / Y Y Y Y	
	City	State	Zip Code	05 13 2005	
	Northborough	MA	01532-1305	Transaction ID: 11159595 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	1.002.1000	250.00	
	Name of Employer Advocate South Suburban	Occupation Presiden			
	Hospital Receipt For:		Year-to-Date ▼	-	
	Primary General		250.00		
	Other (specify) 🔻	0 0	250.00		
В.	Full Name (Last, First, Middle Initial) Mr. Hank J Porten			Date of Receipt	
	Mailing Address 575 Beech Street			05 13 YYYY 2005	
	City	State	Zip Code	Transaction ID: 11159596	
	Holyoke	MA	01040-2223	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		250.00	
	Name of Employer Holyoke Medical Center	Occupation President	n t and Chief Executive Officer		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		250.00		
	Other (specify)		230.00		
C.	Full Name (Last, First, Middle Initial) Mr. Kenneth A Samet			Date of Receipt	
	Mailing Address 5565 Sterrett Place, 5th	Floor		05 13 2005	
	City	State	Zip Code	Transaction ID: 11159610	
	Columbia	MD	21044-2665	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		1000.00	
	Name of Employer MedStar Health	Occupation President	n t and Chief Operating Office		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General	' '	1000.00		
_	Other (specify) ▼	0 0			
s	UBTOTAL of Receipts This Page (optional)	<u></u>	······	1500.00]
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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 13 / 80
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or	for commercial purposes, other than using the	solicit contributions from such committee.		
\setminus	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Ms. Linda Smith			Date of Receipt
	Mailing Address 1524 Creekside Lane			05 13 2005
	City	State	Zip Code	Transaction ID: 11159613
	Green Bay	WI	54311-7348	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Aurora BayCare Medical Ce- nter	Occupation Administr		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	
	Other (specify) ▼	0 0		
В.	Full Name (Last, First, Middle Initial) Mr. Dwight L. Fine			Date of Receipt
	Mailing Address 12675 Riviera Heights Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 11159852
	Holts Summit MO		65043-2039	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		111.12
	Name of Employer Missouri Hospital Associa- tion	Occupation Sr. Vice I	n President, Government Relat	id
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		444.48	
	Other (specify) ▼	0 0	444.46	
C.	Full Name (Last, First, Middle Initial) Mr. Marc D. Smith			Date of Receipt
	Mailing Address 5612 Tanner Bridge Ro	ad		05 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 11159865
	Jefferson City	MO	65101-8275	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		111.12
	Name of Employer Missouri Hospital Associa- tion	Occupation President	n t and Chief Executive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		444.48	
	Other (specify) ▼	0 0	111.10	
s	UBTOTAL of Receipts This Page (optional)	472.24		
\vdash	. 5 ,			
T	OTAL This Period (last page this line number of	only)		

0	CHEDIII E A /EEC Eorm 2V)			FOR LINE NUMBER: PAGE 14/80		
	CHEDULE A (FEC Form 3X)	Use separate schedule(s)		(check only one)		
ΙT	EMIZED RECEIPTS	or each category of the		X 11a 11b 11c 12		
			Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$		
Δr	ny information copied from such Reports and St	atements may	y not be sold or used by any perso			
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
$ \rangle$	American Hospital Association PAC					
Α.	Full Name (Last, First, Middle Initial) Mr. Alan W. Brass, , FACHE			Date of Receipt		
	Mailing Address 4615 Ginger Hill Rd.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 11161184		
	Toledo	ОН	43623-1095	Amount of Each Receipt this Period		
	FEC ID number of contributing					
	federal political committee.	C		250.00		
	Name of Employer ProMedica Health System	Occupation Chief Exe	n ecutive Officer and President			
	Receipt For:	Aggregate	Year-to-Date V			
	Primary General			1		
	Other (specify) ▼		250.00			
				·		
В.	Full Name (Last, First, Middle Initial) Mr. John E. Callender			Date of Receipt		
	Mailing Address 2743 Elginfield Road	M M / D D / Y Y Y Y				
	-			05 13 2005		
	City	State	Zip Code	Transaction ID: 11161185		
	Upper Arlington	OH	43220-4247	Amount of Each Receipt this Period		
	FEC ID number of contributing	С		250.00		
	federal political committee.	0				
	Name of Employer Ohio Hospital Association	Occupation	1	7		
	Ohio Hospital Association	Senior Vi	ce President			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		250.00	1		
	Other (specify) ▼	0 0	250.00			
_	Full Name (Last, First, Middle Initial)					
Ċ.	Mr. Melvin R Creeley			Date of Receipt		
	Mailing Address 425 West Fifth Street			05 13 2005		
	City	State	Zip Code	Transaction ID: 11161187		
	East Liverpool	ОН	43920-2498	Amount of Each Receipt this Period		
	FEC ID number of contributing			250.00		
	federal political committee.	C		250.00		
	Name of Employer East Liverpool City Hospi-	Occupation				
	tal	President		_		
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General Other (specify) ▼	' '	250.00			
	☐ Otrier (specify) ▼			1		
_	UDTOTAL (D. 11 TU D. 11 TU D.			750.00		
\vdash^{s}	UBTOTAL of Receipts This Page (optional)					

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 15 / 80			
	EMIZED RECEIPTS		or each category of the	(check only one)			
••			Detailed Summary Page	X 11a 11b 11c 12 15 16 17			
Δn	y information copied from such Reports and St	atements may	y not be sold or used by any perso				
or	for commercial purposes, other than using the	name and ado	dress of any political committee to	solicit contributions from such committee.			
\setminus	NAME OF COMMITTEE (In Full)						
\geq	American Hospital Association PAC	_					
A.	Full Name (Last, First, Middle Initial) Mr. Charles P Swisher, , FACHE			Date of Receipt			
	Mailing Address 2121 Hughes Drive, 4th	i Floor		05 13 2005			
	City	State	Zip Code	Transaction ID: 11161189			
	Sylvania	OH	43606	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		250.00			
	Name of Employer ProMedica Health System	Occupation	n e Vice President Governmer	t Re			
	Receipt For:	<u> </u>	Year-to-Date ▼	7			
	Primary General		250.00				
	Other (specify)	0 0	250.00				
В.	Full Name (Last, First, Middle Initial) Mr. Mark Lawrence			Date of Receipt			
	Mailing Address P O Box 13367			05 13 7 2005			
	City	State	Zip Code	Transaction ID: 11161559			
	Roanoke	VA 24033		Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.			300.00			
	Name of Employer Carilion Health System	Occupation Vice Pres	n sident Governmental Affairs				
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General Other (specify) ▼	0 0	300.00				
_	Full Name (Last, First, Middle Initial)			Date of Descipt			
C.	Mr. Donald E. Lorton Mailing Address 1141 Windy Hill Road			Date of Receipt			
				05 13 2005			
	City	State	Zip Code	Transaction ID: 11161561			
	Goodview	VA	24095-2909	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.		С		300.00			
	Name of Employer Carilion Health System	Occupation Vice Pres					
	Receipt For:	Aggregate	e Year-to-Date ▼				
Primary General			300.00				
	Other (specify)						
s	UBTOTAL of Receipts This Page (optional)			850.00			
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T	TOTAL This Period (last page this line number only)						

S	CHEDULE A (FEC Form 3X)	FOR LINE NUMBER:	PAGE 16/80			
	EMIZED RECEIPTS	Use separate schedule(s) or each category of the	(check only one)	, –		
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or	y information copied from such Reports and St for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from	such committee.	
	NAME OF COMMITTEE (In Full)					
$ \rangle$	American Hospital Association PAC					
	·					
	Full Name (Last, First, Middle Initial)			5		
Α.	Mr. Rayburn Thompson			Date of Receipt		
	Mailing Address Post Office Box 13367			05 13	2005	
	City	State	Zip Code	Transaction ID: 11		
	Roanoke	VA	24033-3367	Amount of Each Re		
	FEC ID number of contributing			7 6. 240 1.0	· · · · · ·	
	federal political committee.	C			300.00	
	N (5)	10				
	Name of Employer Carilion Medical Center	Occupation	n e Vice President			
	Receipt For:		e Year-to-Date ▼	-		
	Primary General	Aggregate	FIGAL-10-Date V			
	Other (specify)		300.00			
	Full Name (Last, First, Middle Initial)					
В.				Date of Receipt		
	Mailing Address 140 Ferrum Drive			05 13	2005	
	City	State	Zip Code	Transaction ID: 11161563 Amount of Each Receipt this Period		
	<u>Salem</u>	VA	24153-7118			
			24133-7116	Amount of Each Re	ceipt this Period	
	FEC ID number of contributing federal political committee.	C			300.00	
	Name of Employer Carilion Health System	Occupation				
			President, Human Resources			
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼			
	Other (specify)		300.00			
	Cure (epochy) •					
_	Full Name (Last, First, Middle Initial)					
C.	Mr. David L. Bernd			Date of Receipt		
	Mailing Address 3068 Kline Drive			0 5 1 3	2005	
	City	Ctoto	7in Codo			
	City Virginia Beach	State VA	Zip Code 23452-6286	Transaction ID: 11		
		VA	23432-0200	Amount of Each Re	ceipt this Period	
	FEC ID number of contributing federal political committee.	C			300.00	
	Name of Employer Sentara Healthcare	Occupation				
			ecutive Officer	_		
	Receipt For:	Aggregate	e Year-to-Date ▼			
Primary General Other (specify)			300.00			
	Other (specify)	0 0				
					• • • • • •	
s	UBTOTAL of Receipts This Page (optional)		900.00			
\vdash	ago (optional)					
T	OTAL This Period (last page this line number of	only)	>			

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)		FOR LINE NUMBER: PAGE 17 / 80
	EMIZED RECEIPTS	or each category of the		(check only one)
II EIVIIZED RECEIP 13			Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	ny information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions oscilcit contributions from such committee.
abla	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Larry T. DePriest			Date of Receipt
	Mailing Address 2212 Arklow Road			05 / 13 / Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 11161570
	Virginia Beach	VA	23456-7743	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Sentara Leigh Hospital	Occupation Administ		7
	Receipt For:	Aggregate	e Year-to-Date ▼	7
	Primary General			1
	Other (specify) ▼	0 0	300.00	
В.	Full Name (Last, First, Middle Initial) Mr. William Mason Moss			Date of Receipt
	Mailing Address 15790 Beacon Hill Place)		05 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 11161571
	<u>Dumfries</u>	VA	22026-1301	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Potomac Hospital	Occupation Presiden		
	Receipt For:		-	_
	Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify) ▼		300.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Hugh Thornhill			Date of Receipt
	Mailing Address 213 S. Jefferson Street Suite 830			05 13 YYYY 2005
	City	State	Zip Code	Transaction ID: 11161574
	Roanoke	VA	24011-1705	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Carilion Health System	Occupation Vice Pres		
	Receipt For:	1	e Year-to-Date ▼	7
	Primary General	33 -9-11		1
	Other (specify) ▼	0 0	300.00]
s	UBTOTAL of Receipts This Page (optional)			900.00
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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 18 / 80
	EMIZED RECEIPTS		or each category of the	(check only one)
••			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
An	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	solicit contributions from such committee.		
\setminus	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Ms. Donna Littlepage			Date of Receipt
	Mailing Address 610 Broce Drive			05 13 2005
	City	State	Zip Code	Transaction ID: 11161576
	Blacksburg	VA	24060-2802	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Carilion Health System	Occupation Vice Pres	sident, Finance	
	Receipt For:		Year-to-Date ▼	
	Primary General	1 1	300.00	1
	Other (specify) 🔻	0 0	300.00	
В.	Full Name (Last, First, Middle Initial) Ms. Patricia Andersen			Date of Receipt
	Mailing Address 4001 Innsbrook Court			05 04 2005
	City	State	Zip Code	Transaction ID: 11161625
	Norman	OK 73072-4233		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Oklahoma Hospital Associa- tion	Occupation VP, Finar	nce & Information Services	
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Shane Dunning			Date of Receipt
•	Mailing Address Post Office Box 97			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 11161631
	Carnegie	OK	73015-0097	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	С		250.00
	Carnegie Tri-County Munic-		1	
	ipal Hospital	Administr	rator Year-to-Date ▼	_
	Receipt For: Primary General		rear-to-Date ▼	1
	Other (specify)		500.00	
	UBTOTAL of Receipts This Page (optional)			800.00
۲	DDI OTAL OF NECERPLS THIS Page (OPTIONAL)			
T	OTAL This Period (last page this line number of			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 80 (check only one) X
An or	y information copied from such Reports and State for commercial purposes, other than using the r	atements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Sr. M. Therese Gottschalk Mailing Address Post Office Box 4753 City Tulsa FEC ID number of contributing federal political committee. Name of Employer St. John Medical Center Receipt For: Primary General		Zip Code 74159-0753 n t & Chief Executive Officer e Year-to-Date ▼	Date of Receipt M M M
3.	Full Name (Last, First, Middle Initial) Ms. Lynn Horton Mailing Address 4900 North Portland Suite 111	0 0		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Oklahoma City FEC ID number of contributing federal political committee.	State OK	Zip Code 73112-6100	Transaction ID: 11161637 Amount of Each Receipt this Period 250.00
	Name of Employer Receipt For: Primary General Other (specify) ▼		n are Administrator • Year-to-Date ▼ 250.00	
D .	Full Name (Last, First, Middle Initial) Mr. Anthony Long Mailing Address 3300 NW Expressway			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	City Oklahoma City FEC ID number of contributing federal political committee.	State OK	Zip Code 73112-4999	Transaction ID: 11161640 Amount of Each Receipt this Period 250.00
	Name of Employer INTEGRIS Health Receipt For: Primary General Other (specify) ▼	Occupation President Aggregate		
s	UBTOTAL of Receipts This Page (optional)			750.00
T	OTAL This Period (last page this line number o	nlv)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 20 / 80
	`		or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	ny information copied from such Reports and State for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Jerry G Moeller			Date of Receipt
	Mailing Address P O Box 2408			05 04 7 2005
	City	State	Zip Code	Transaction ID: 11161642
	Stillwater	OK	74076-2408	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Stillwater Medical Center		t and Chief Executive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify)	0 0	230.00	
В.	Full Name (Last, First, Middle Initial) Mr. David D Whitaker, , FACHE			Date of Receipt
	Mailing Address P O Box 1308			05 04 2005
	City	State	Zip Code	Transaction ID: 11161647
	Norman	OK	73070-1308	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer Norman Regional Hospital	Occupation President	n t and Chief Executive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		050.00	1
	Other (specify)		250.00	
C.	Full Name (Last, First, Middle Initial) Mr. Patrick L. Wallace, FACHE			Date of Receipt
•	Mailing Address 2000 S. Palestine			M M / D D / Y Y Y Y
	Zooo S. 1 alestine			05 19 2005
	City	State	Zip Code	Transaction ID: 11170961
	Athens	TX	75751-5610	Amount of Each Receipt this Period
		1/	76761 5616	Amount of Each Heceipt this Feriod
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer East Texas Medical Center	Occupation Administ		
	Athens Receipt For:		Year-to-Date V	_
	Primary General	Aggregate	, i cai-lo-Dale ▼	
	Other (specify)		500.00	
	☐ Other (specify) ▼			1
				1000.00
	UBTOTAL of Receipts This Page (optional)			

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 21 / 80
			Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
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Ar	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Dr. Dan Stultz, M.D., CHE			Date of Receipt
	Mailing Address PO Box 1879			05 19 2005
	City	State	Zip Code	Transaction ID: 11170962
	San Angelo	TX	76902-1879	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer Shannon Health System	Occupation President	n t and Chief Executive Officer	
	Receipt For:	1	Year-to-Date ▼	1
	Primary General			1
	Other (specify) ▼	1	250.00	
В.	Full Name (Last, First, Middle Initial) Dr. Richard P. de Filippi, Ph.D.			Date of Receipt
	Mailing Address 189 Upland Road			M M / D D / Y Y Y Y
	·			05 19 2005
	City	State	Zip Code	Transaction ID: 11170963
	Cambridge	MA	02140-3604	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	C		250.00
	Name of Employer	Occupation	1	7
	Cambridge Health Alliance	Trustee		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		050.00	1
	Other (specify)		250.00	
_	Full Name (Last, First, Middle Initial)			
C.	Mr. Jeffrey D Selberg			Date of Receipt
	Mailing Address 600 Grant Street, Suite	700		05 19 2005
	City	State	Zip Code	Transaction ID: 11170964
	Denver	CO	80203-3525	Amount of Each Receipt this Period
	FEC ID number of contributing	C		500.00
	federal political committee.			
	Name of Employer Exempla Healthcare, Inc.	Occupation		
			t and Chief Executive Officer	-
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
	□ Strict (Specify) ♥		0 0 0 0 0 0 0	
_	UBTOTAL of Receipts This Page (optional)			1000.00
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3	CHEDULE A (FEC Form 3X)	Use separate schedule(s)		(check only one)
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			Detailed Summary Page	13 14 15 16 17
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or	ny information copied from such Reports and State for commercial purposes, other than using the r	name and add	r not be sold or used by any personal ress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Ms. Cynthia K. Smith, JD			Date of Receipt
	Mailing Address 560 El Dorado			05 19 2005
	City	State	Zip Code	Transaction ID: 11171015
	Lawrence	KS	66047	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Sisters of Charity of Lea- venworth Heal Receipt For: Primary General	Occupation Advocacy Aggregate	/ Counsel Year-to-Date ▼	
	Other (specify) ▼	0 0	250.00]
В.	Full Name (Last, First, Middle Initial) Ms. Denise McKrow			Date of Receipt
	Mailing Address 4435 Slattery Road			05 19 2005
	City	State	Zip Code	Transaction ID: 11171016
	North Branch	MI	48461-8821	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Hills and Dales General Hospital		ecutive Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]
_	Full Name (Last, First, Middle Initial)			Data of Bassint
C.	Ms. Kathleen Sellick Mailing Address 9542 24th Avenue NW			Date of Receipt M M D D Y Y Y Y Y Y Y Y
	City	C+n+-	Zin Codo	
	City	State	Zip Code	Transaction ID: 11171019
	Seattle	WA	98117-2501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer University of Washington Medical Cente Receipt For: Primary Other (specify) ▼	Occupation Executive Aggregate]
s	UBTOTAL of Receipts This Page (optional)			1500.00

SC	CHEDULE A (FEC Form 3X)		Llea coperate cohedula(a)	FOR LINE NUMBER: PAGE 23 / 80
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)
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Δρ	y information copied from such Reports and Sta	atements mo	unot be sold or used by any perso	13 14 15 16 17
or i	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
٩.	Full Name (Last, First, Middle Initial) Mr. Larry Walker			Date of Receipt
	Mailing Address 4848 Hastings Drive			05 19 / 2005
	City	State	Zip Code	Transaction ID: 11171021
	Lake Oswego	OR	97035-5745	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Legacy Mount Hood Medical Center	Occupation Trustee	1	
	Receipt For:	Aggregate	e Year-to-Date ▼	7
	Primary General Other (specify) ▼		500.00	
	Full Name (Last, First, Middle Initial) Dr. John J. Lynch, M.D.			Date of Receipt
	Mailing Address 4750 41st Street, NW			05 19 2005
	City	State	Zip Code	Transaction ID: 11171030
	Washington	DC	20016-1700	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Washington Hospital Center	Occupation Associate	n e Medical Director	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial) Mr. Edward J. Quinlan			Date of Receipt
	Mailing Address 20 River Run			05 19 2005
	City	State	Zip Code	Transaction ID: 11171035
	East Greenwich	RI	02818-1502	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Hospital Association of Rhode Island	Occupation President		
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
SI	JBTOTAL of Receipts This Page (optional)			1000.00
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T	OTAL This Period (last page this line number o	nly)	>	

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 24 / 80
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П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
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Ar	y information copied from such Reports and St	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Ms. Helene M. Burns, MSN, RN			Date of Receipt
	Mailing Address 501 North Lansdowne	Avenue		05 19 2005
	City	State	Zip Code	Transaction ID: 11174115
	Drexel Hill	PA	19026-1187	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Delaware County Memorial	Occupation Director of	n of Nursing	1
	Hospital Receipt For:	_	Year-to-Date ▼	
	Primary General	33 -3		1
	Other (specify) ▼	1	250.00	
				1
В.	Full Name (Last, First, Middle Initial) Ms. Shirley T. Gibson			Date of Receipt
	Mailing Address 1001 Sam Perry Blvd.			M M / D D / Y Y Y Y
				05 19 2005
	City	State	Zip Code	Transaction ID: 11174116
	Fredericksburg	VA	22401-3354	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Medicorp Health System	Occupation Vice Pres	n sident/Nurse Executive	
	Receipt For:	1	Year-to-Date ▼	
	Primary General	riggregate	Tour to Bute V	1
	Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial)			
C.	Ms. Beth Ann Taylor			Date of Receipt
	Mailing Address 16 Dodge Place			05 19 2005
	City	State	Zip Code	Transaction ID: 11174117
	Grosse Pointe	MI	48230-1939	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation	1	7
	Name of Employer John D. Dingell Veterans Affairs Medic		e Director, Patient Care Serv	ri
	Receipt For:		Year-to-Date ▼	
	Primary General		050.00	1
	Other (specify) ▼		250.00	
s	UBTOTAL of Receipts This Page (optional)			750.00
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IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 80 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Philip Authier, RN Mailing Address 1002 Winchester Drive City Pierre	State SD	Zip Code 57501-3313	Date of Receipt M M M
	FEC ID number of contributing federal political committee. Name of Employer Lant & Associates Receipt For: Primary Other (specify)	Occupation Vice Pres Aggregate		250.00
3.	Full Name (Last, First, Middle Initial) Ms. Tafney Snowden Mailing Address 8865 Lamar Avenue City	State	Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	Overland Park FEC ID number of contributing federal political committee.	C	66207-2022	Amount of Each Receipt this Period 250.00
	Name of Employer Overland Park Regional Medical Center Receipt For: Primary General Other (specify) ▼	,	Nurse Executive e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Sr. Mary Roch Rocklage, RSM Mailing Address 328 North Filmore Avenue				Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 11174858
	Saint Louis FEC ID number of contributing federal political committee.	C	63122-4408	Amount of Each Receipt this Period 500.00
	Name of Employer Sisters of Mercy Health System Receipt For: ☐ Primary ☐ General Other (specify) ▼	Occupation Board Ch Aggregate		
s	UBTOTAL of Receipts This Page (optional)			1000.00
T	OTAL This Period (last page this line number or	ılv)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER	R: PAGE 26/80
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a 11b 13 14	11c 12 15 16 17
Ar	ny information copied from such Reports and St for commercial purposes, other than using the	atements may	not be sold or used by any persodress of any political committee to	on for the purpose of so solicit contributions fro	liciting contributions m such committee.
	NAME OF COMMITTEE (In Full)				
	American Hospital Association PAC				
Α.				Date of Receipt	
	Mailing Address 6180 Lower Mountain F	Road			6 2005
	City	State	Zip Code	Transaction ID:	11175333
	New Hope	PA	18938-5760	Amount of Each	Receipt this Period
	FEC ID number of contributing federal political committee.	C			60.83
	Name of Employer New Jersey Hospital Assoc-	Occupation		7	
	iation Receipt For:		Health Economics • Year-to-Date ▼		
	Primary General	Aggregate	· · · · · · · · · · · · · · · · · · ·	1	
	Other (specify) ▼	0 0	376.67		
В.	Full Name (Last, First, Middle Initial) Mr. Chester B Kaletkowski			Date of Receipt	
	Mailing Address 23 Winding Way			M M / D	6 2005
	City	State	Zip Code	Transaction ID:	
	Mullica Hill	NJ	08062-2511		Receipt this Period
	FEC ID number of contributing federal political committee.	C			1000.00
	Name of Employer South Jersey Healthcare Regional Medic	Occupation			
	Regional Medic Receipt For:		t and Chief Executive Officer e Year-to-Date T		
	Primary General	Aggregate		1	
	Other (specify) ▼		1000.00		
<u>с.</u>	Full Name (Last, First, Middle Initial) Mr. Paul A Mertz			Date of Receipt	
	Mailing Address 4 Shadowbrook Lane				6 2005
	City	State	Zip Code	Transaction ID:	11175342
	Basking Ridge	NJ	07920-3843	Amount of Each	Receipt this Period
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer Newark Beth Israel Medical	Occupation Executive			
	Center Receipt For:		e Year-to-Date ▼		
	Primary General	55. 55ato		1	
	Other (specify) ▼		500.00		
<u></u>	UPTOTAL (CP.) (1) P. () ()				1560.83
	UBTOTAL of Receipts This Page (optional)		·······		

SC	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 27 / 80 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
۸.	Full Name (Last, First, Middle Initial) Ms. Audrey Meyers Mailing Address 251 Highland Avenue			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 11175343
	Ridgewood	NJ	07450-4003	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Valley Health System	Occupation President	n t and Chief Executive Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
3.	Full Name (Last, First, Middle Initial) Mr. Barry Ostrowsky			Date of Receipt
	Mailing Address 448 Harding Drive			05 06 7 2005
	City South Orongo	State	Zip Code	Transaction ID: 11175345
	South Orange FEC ID number of contributing federal political committee.	C	07079-1319	Amount of Each Receipt this Period 500.00
	Name of Employer Saint Barnabas Health Care System Receipt For: Primary General Other (specify) ▼		n e Vice President and General e Year-to-Date ▼	<u> C</u>
	Full Name (Last, First, Middle Initial)	0 0	0 0 0 0 0 0 0	1
Э.	Ms. Donna R. Pizzulli			Date of Receipt
	Mailing Address 84 Steambank Drive City	State	Zip Code	05 06 2005 Transaction ID: 11175347
	Freehold	NJ	7728	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer New Jersey Hospital Association	-	sident, Information Services	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 295.00	
SI	UBTOTAL of Receipts This Page (optional)			1020.00
T	OTAL This Period (last page this line number or	nly)		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 28 / 80
	·		Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and St	atements may	not be sold or used by any person	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	aress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\angle	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Ms. Elizabeth A. Ryan, Esq.			Date of Receipt
	Mailing Address 760 Alexander Road P. O. Box 1			05 06 2005
	City	State	Zip Code	Transaction ID: 11175351
	Princeton	NJ	08540-6389	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		500.00
	Name of Employer New Jersey Hospital Assoc-	Occupation General (
	iation Receipt For:		Year-to-Date ▼	
	Primary General	39 -3		1
	Other (specify) ▼		500.00	
В.	Full Name (Last, First, Middle Initial) Mr. Frank J Bartell, , III			Date of Receipt
	Mailing Address 5901 Monclova Road			M M / D D / Y Y Y Y
	City	State	Zip Code	0 5 2 5 2 0 0 5 Transaction ID: 11176163
	Maumee	OH	43537-1899	Amount of Each Receipt this Period
		011	40007 1000	
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation	2	_
	St. Luke's Hospital		t and Chief Executive Office	
	Receipt For:		Year-to-Date V	
	Primary General	7.99.094.0		1
	Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial)			4
C.	Mr. William W Harding			Date of Receipt
	Mailing Address 659 Boulevard			05 25 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 11176166
	Dover	OH	44622-2077	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	C		250.00
	Name of Employer Union Hospital	Occupation	n t and Chief Executive Office	.
	Receipt For:		Year-to-Date V	
	Primary General	, iggi egale	Tour to bate ¥	1
	Other (specify)		250.00	
		-		·
s	UBTOTAL of Receipts This Page (optional)			1000.00
\vdash				

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 29 / 80 (check only one)
	LIMIZED RECEIF 13		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	itements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Δ.	Full Name (Last, First, Middle Initial) Mr. Douglas W McNeill, , FACHE Mailing Address 437 Vincent Court City	State	Zip Code	Date of Receipt M M
	Middletown	OH	45042-4906	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Middletown Regional Hospital Receipt For: Primary General Other (specify)		n t and Chief Executive Officer e Year-to-Date ▼ 250.00	
3.	Full Name (Last, First, Middle Initial) Ms. Cathleen K Nelson Mailing Address 2600 Navarre Avenue			Date of Receipt
				05 25 2005
	City	State OH	Zip Code	Transaction ID: 11176170
	Oregon FEC ID number of contributing federal political committee.	С	43616-3297	Amount of Each Receipt this Period 250.00
	Name of Employer St. Charles Mercy Hospital	Occupation President	n t and Chief Executive Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
).	Full Name (Last, First, Middle Initial) Mr. Dwight L. Fine			Date of Receipt
	Mailing Address 12675 Riviera Heights F	Road		05 25 2005
	City Holts Summit	State MO	Zip Code 65043-2039	Transaction ID: 11178406 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	03040 2003	111.12
	Name of Employer Missouri Hospital Associa- tion		President, Government Rela	ic
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 555.60	
SI	UBTOTAL of Receipts This Page (optional)			611.12
т	OTAL This Period (last page this line number or	nly)	>	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 30 / 80
ITEMIZED RECEIPTS			or each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	itements mag	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\angle	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Mr. Marc D. Smith			Date of Receipt
	Mailing Address 5612 Tanner Bridge Roa	05 25 2005		
	City	State	Zip Code	Transaction ID: 11178419
	Jefferson City	MO	65101-8275	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		111.12
	Name of Employer Missouri Hospital Associa- tion	Occupatio Presiden	n t and Chief Executive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	1 1	555.60	
	Other (specify)	0 0	000.00	
— В.	Full Name (Last, First, Middle Initial) Mr. J. Thornton Kirby			Date of Receipt
	Mailing Address 1000 Center Point Road	05 25 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 11181088
	Columbia	SC	29210-5802	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer South Carolina Hospital Association	Occupatio Presiden		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		1000.00	
	Other (specify)		1000.00	
— С.	Full Name (Last, First, Middle Initial) Mr. Joe D Howell			Date of Receipt
٥.	Mailing Address 1530 North Limestone S	Street		M M / D D / Y Y Y Y
				05 25 2005
	City	State	Zip Code	Transaction ID: 11181089
	Gaffney	SC	29340-4742	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			250.00
	Name of Employer Upstate Carolina Medical	Occupation		7
	Center	Executive Director		\dashv
	Receipt For: Primary General	Aggregate Year-to-Date ▼		.]
	Other (specify)	' '	250.00	
	- (-F)/ V		0 0 0 0 0 0 0	'
s	UBTOTAL of Receipts This Page (optional)			1361.12

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 31 / 80		
	`		Use separate schedule(s)	(check only one)		
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12		
			Detailed Suffillary Fage	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$		
Δr	y information copied from such Reports and St	atements may	y not be sold or used by any nerso			
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
$ \rangle$	American Hospital Association PAC					
	American riespital Association 1 Ao					
	Full Name (Last, First, Middle Initial)					
A.	Mr. John A Miller, , Jr., FAC			Date of Receipt		
	Mailing Address 800 North Fant Street			M M / D D / Y Y Y Y		
				05 25 2005		
	City	State	Zip Code	Transaction ID: 11181090		
	Anderson	SC	29621-5793	Amount of Each Receipt this Period		
	FEC ID number of contributing			500.00		
	federal political committee.	C		500.00		
	·					
	Name of Employer AnMED Health Medical Cent-	Occupation				
	er	President	•			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General		500.00			
	Other (specify)					
_						
В.	Full Name (Last, First, Middle Initial) Mr. Stephen A Purves, , CHE			Date of Receipt		
٥.	Mailing Address 2435 Forest Drive	M M / D D / Y Y Y Y				
	Walling Address 2455 Folest Drive			05 25 2005		
	City	State	Zip Code	Transaction ID: 11181091		
	Columbia	SC	29204-2098	Amount of Each Receipt this Period		
			202012000	Amount of Each recopt this rende		
FEC ID number of contributing federal political committee.		C		500.00		
	Name of Employer Sisters of Charity Provid-	Occupation				
	ence Hospital	President	t and Chief Executive Office	<u>r</u>		
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General	-	500.00	1		
	Other (specify) ▼		500.00			
_	Full Name (Last, First, Middle Initial)			Date of Descript		
C.	Mr. Doug White			Date of Receipt		
	Mailing Address 809 82nd Parkway			05 25 2005		
	City	State	Zip Code	Transaction ID: 11181092		
	Myrtle Beach	SC	29572-4611			
		- 30	29372-4011	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	rederai politicai committee.					
	Name of Employer Grand Strand Regional Med-	Occupation	า			
	Grand Strand Regional Med- ical Center	Chief Exe	ecutive Officer			
Receipt For:		Aggregate	Year-to-Date ▼			
	Primary General		500.00	1		
	Other (specify)		500.00			
_						
s	UBTOTAL of Receipts This Page (optional)			1500.00		
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21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 32 / 80		
			Use separate schedule(s)	(check only one)		
IT	EMIZED RECEIPTS	or each category of the Detailed Summary Page	X 11a 11b 11c 12			
			Detailed Guillinary Fage	13 14 15 16 17		
An	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions		
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.		
\	NAME OF COMMITTEE (In Full)					
\rangle	American Hospital Association PAC					
۹.	Full Name (Last, First, Middle Initial) Mr. M. John Heydel			Date of Receipt		
	Mailing Address 1325 Spring Street			05 25 2005		
	City	State	Zip Code	Transaction ID: 11181093		
	Greenwood	SC	29646-3860	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer Self Regional Healthcare	Occupation President	n t and Chief Executive Office	-		
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General		500.00	1		
	Other (specify) ▼		500.00			
3.	Full Name (Last, First, Middle Initial) Mr. Frank D Pinckney			Date of Receipt		
	Mailing Address 701 Grove Road	05 25 2005				
	City	State	Zip Code	Transaction ID: 11181101		
	Greenville	SC	29605-4211	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer Greenville Hospital System	Occupation President	n t and Chief Executive Office			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		250.00			
	Other (specify) 🔻	0 0	230.00			
Э.	Full Name (Last, First, Middle Initial) Mr. Greg Rusnak			Date of Receipt		
	Mailing Address 701 Grove Road			05 25 2005		
	City	State	Zip Code	Transaction ID: 11181102		
	Greenville	SC	29605-4211	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer Greenville Hospital System	Occupation Vice Pres				
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General	1 1	500.00	1		
	Other (specify) 🔻		500.00			
s	UBTOTAL of Receipts This Page (optional)			1250.00		
			<u> </u>			
T	OTAL This Period (last page this line number o	nly))			

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 33 / 80		
-			Use separate schedule(s) or each category of the	(check only one)		
ITEMIZED RECEIPTS			Detailed Summary Page	X 11a 11b 11c 12		
			_ common common, coge	13 14 15 16 17		
Ar	y information copied from such Reports and St	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions		
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
\angle	American Hospital Association PAC					
A.	Full Name (Last, First, Middle Initial) Mr. Bruce P Bailey			Date of Receipt		
	Mailing Address Post Office Drawer 171	8		05 25 2005		
	City	State	Zip Code	Transaction ID: 11181108		
	Georgetown	SC	29442-1718	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer Georgetown Memorial Hospi-	Occupation	n ecutive Officer			
	tal Receipt For:		Year-to-Date ▼			
	Primary General	00 0		1		
	Other (specify) ▼		500.00			
В.	Full Name (Last, First, Middle Initial) Mr. Michael L. McEachern			Date of Receipt		
	Mailing Address 2435 Forest Drive	M M / D D / Y Y Y Y				
				05 25 2005		
	City	State	Zip Code	Transaction ID: 11181109		
	Columbia	SC	29204-2098	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		250.00		
	Name of Employer	Ossunation		_		
	Name of Employer Sisters of Charity Provid-	Occupation COO	I			
	ence Hospital Receipt For:		Year-to-Date ▼			
	Primary General	7.99.094.0	1 1 1 1 1 1 1 1	1		
	Other (specify) ▼	1	250.00			
_	Full Name (Last, First, Middle Initial)					
C.	Ms. Susan C Shugart			Date of Receipt		
	Mailing Address P O Box 550			05 25 2005		
	City	State	Zip Code	Transaction ID: 11181110		
	Manning	SC	29102-0550	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer Clarendon Memorial Hospit-	Occupation		7		
	al		erating Officer			
Receipt For:		Aggregate	Year-to-Date ▼			
	Primary General		250.00	1		
	Other (specify) ▼		200.00	1		
١.				1000.00		
Ls	UBTOTAL of Receipts This Page (optional)		<u> </u>	1000.00		
1						

	HEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 80 (check only one) X
Any or fo	information copied from such Reports and Sta or commercial purposes, other than using the r	atements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
١.	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
•	Full Name (Last, First, Middle Initial) Mr. Philip A Clayton Mailing Address P O Box 829 City Conway FEC ID number of contributing rederal political committee. Name of Employer Conway Medical Center Receipt For: Primary General Other (specify)		Zip Code 29528-0829 n t and Chief Executive Officer e Year-to-Date ▼ 250.00	Date of Receipt M M M / 25 / 2005 Transaction ID: 11181111 Amount of Each Receipt this Period 250.00
3. <u>!</u> ! ! ! !	Full Name (Last, First, Middle Initial) Ms. Jeanne L Ward Mailing Address 298 Memorial Drive City Seneca FEC ID number of contributing rederal political committee. Name of Employer Oconee Memorial Hospital Receipt For: Primary General Other (specify)		Zip Code 29672-9499 n t and Chief Executive Officer e Year-to-Date ▼ 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C. I	Full Name (Last, First, Middle Initial) Mr. Brian Riddle Mailing Address 821 North Cobb Street PO Box 690 City Milledgeville FEC ID number of contributing rederal political committee. Name of Employer Gwinnett Hospital System Receipt For: Primary General Other (specify)	-	Zip Code 31061-2351 n ecutive Officer e Year-to-Date ▼	Date of Receipt M M M / 25 / 2005 Transaction ID: 11182780 Amount of Each Receipt this Period 125.00
SU	BTOTAL of Receipts This Page (optional)			625.00
то	TAL This Period (last page this line number o	nlv)		

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 80 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	ry information copied from such Reports and State for commercial purposes, other than using the national state of the stat	ements may ame and add	r not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Charles H Orrick			Date of Receipt
	Mailing Address 6064 Scott Drive	05 25 2005		
	City	State	Zip Code	Transaction ID: 11182792
	<u>Donalsonville</u>	GA	39845-6132	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Donalsonville Hospital	Occupation Administr	ator	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		250.00	
_	Full Name (Last, First, Middle Initial)			Date of Receipt
٥.	Dr. James L Story, , Jr., M.D Mailing Address 262 Saddlebrook Plantat	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 11182815
	Thomasville	GA	31757-1762	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer John D. Archbold Memorial Hospital	Occupation President		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
D.	Full Name (Last, First, Middle Initial) Mr. Robert A Colvin			Date of Receipt
	Mailing Address 2 Wylly Island Drive	05 25 2005		
	City	State	Zip Code	Transaction ID: 11182816
	Savannah	GA	31406-4264	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Memorial Health		and Chief Executive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼		500.00	
s	UBTOTAL of Receipts This Page (optional)			1000.00

S	CHEDULE A (FEC Form 3X)	FOR LINE NUMBER:	PAGE 36/80				
			Use separate schedule(s) or each category of the	(check only one)	, –		
II EMIZED RECEIP 13			Detailed Summary Page	X 11a 11b	11c 12		
_		13 14	15 16 17				
Ar or	y information copied from such Reports and S for commercial purposes, other than using the	tatements may name and add	/ not be sold or used by any perso dress of any political committee to	n for the purpose of solici	ling contributions such committee.		
	NAME OF COMMITTEE (In Full)		7,1111111111111111111111111111111111111				
$ \rangle$	American Hospital Association PAC						
	7 in orioan Prospital Prospital Pro						
_	Full Name (Last, First, Middle Initial)						
A.	Dr. Gary R Ulicny, , Ph.D.			Date of Receipt			
	Mailing Address 2020 Peachtree Road I	NW		05 25	2005		
	City	State	Zip Code				
	Atlanta	GA	30309-1465		Transaction ID: 11182818 Amount of Each Receipt this Period		
		<u>un</u>	30309-1403	Amount of Each Re	ceipi inis Period		
	FEC ID number of contributing federal political committee.	C			250.00		
	Name of Employer Shepherd Center	Occupation					
			t and Chief Executive Officer				
	Receipt For:	Aggregate	e Year-to-Date ▼				
	Primary General Other (specify) ▼	' '	250.00				
	Other (specify)	1 1					
_	Full Name (Last, First, Middle Initial)						
В.				Date of Receipt			
	Mailing Address 2104 Murren Drive	M M / D D	/ Y				
				05 25	2005		
	City	Zip Code	Transaction ID: 11	182819			
	Smyrna	GA	30080-6520	Amount of Each Re	ceipt this Period		
	FEC ID number of contributing	С			250.00		
	federal political committee.						
	Name of Employer Talbott Recovery Campus	Occupation	1				
	Talbott Recovery Campus	Presiden	t & Chief Executive Officer				
	Receipt For:	Aggregate	e Year-to-Date ▼				
	Primary General		250.00				
	Other (specify)		230.00				
	Full Name (Local Elizat ACA III - LOCAL)						
C.	Full Name (Last, First, Middle Initial) Mr. Carl J Schindelar			Date of Receipt			
•	Mailing Address 9000 Franklin Square I	Orive		M M / D D	/ Y		
	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	51110		05 25	2005		
	City	State	Zip Code	Transaction ID: 11	184835		
	Baltimore	MD	21237-2998	Amount of Each Re	ceipt this Period		
	FEC ID number of contributing	С			250.00		
	federal political committee.	<u> </u>			250.00		
	Name of Employer	Occupation	 1				
	Franklin Square Hospital Center	Presiden					
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General		050.00				
Other (specify) ▼			250.00				
_							
					750.00		
S	UBTOTAL of Receipts This Page (optional)		······		1 30.00		
T	OTAL This Period (last page this line number	only)					

S	CHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 37 / 80
IT	EMIZED RECEIPTS	or each category of the	(check only one)
•		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Ar	ny information copied from such Reports and Statements r	may not be sold or used by any perso	
or	for commercial purposes, other than using the name and	address of any political committee to	o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)		
$ \rangle$	American Hospital Association PAC		
\angle	E HALL OF A MILE LOS D		
Α.	Full Name (Last, First, Middle Initial) Mr. Brian Brezosky		Date of Receipt
	Mailing Address Post Office Box 436620		M M / D D / Y Y Y Y
			05 25 2005
	City State	Zip Code	Transaction ID: 11213543
	<u>Louisville</u> KY	40253-6620	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee		500.00
	federal political committee.		
	Name of Employer Kentucky Hospital Associa- Sonior	ition	7
	tion	Vice President	
	_ '	ate Year-to-Date ▼	
	Primary General Other (specify)	500.00	
	Other (specify)		1
_	Full Name (Last, First, Middle Initial)		
В.			Date of Receipt
	Mailing Address 2533 Clarendon Avenue		05 25 Y Y Y Y Y Y
	City State		
	Louisville KY	Zip Code 40205-3033	Transaction ID: 11213544
	EEC ID as well as of a cartribution	40203 3003	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		250.00
	10		_
	Name of Employer Kentucky Hospital Associa- Direct	or of Health Policy	
	<u>tion</u>	ate Year-to-Date V	
	Primary General		7
	Other (specify) ▼	250.00	
_	Full Name (Last, First, Middle Initial) Ms. Paige Franklin		Date of Receipt
C.	Mailing Address 404 Kaelin Drive		M M / D D / Y Y Y Y
	Thamis real cost 404 Nacini Drive		05 25 2005
	City State	Zip Code	Transaction ID: 11213545
	<u>Louisville</u> KY	40207-2204	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee		500.00
	federal political committee.		
	Name of Employer Kentucky Hospital Associa- Vice P	ition	
	tion	resident, Information Services	
		ate Year-to-Date ▼	
	Primary General	500.00]
	Other (specify) ▼		1
Г	I		
s	UBTOTAL of Receipts This Page (optional)	.	1250.00
F	Fre (abrea)		
т	OTAL This Period (last page this line number only))	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 38 / 80 (check only one)
•			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	itements may	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
A .	Full Name (Last, First, Middle Initial) Ms. Nancy C. Galvagni Mailing Address 7505 Pine Knoll Circle			Date of Receipt
	City	State	Zip Code	0 5 2 5 2 0 0 5 Transaction ID: 11213546
	Prospect	KY	40059-9208	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Kentucky Hospital Associa- tion	Occupation Senior Vi	n ce President	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	
3.	Full Name (Last, First, Middle Initial) Ms. Sarah S. Nicholson			Date of Receipt
	Mailing Address 1100 Glenbrook Road			05 25 7 2005
	City	State	Zip Code	Transaction ID: 11213547
	Louisville FEC ID number of contributing federal political committee.	C	40223-2214	Amount of Each Receipt this Period 500.00
	Name of Employer Kentucky Hospital Associa- tion		sident, Government Relation	s
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
) .	Full Name (Last, First, Middle Initial) Ms. Carol Blevins Ormay			Date of Receipt
	Mailing Address 8518 Bronzewing Court			05 / 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Louisville	State KY	Zip Code 40299-1106	Transaction ID: 11213548
	FEC ID number of contributing federal political committee.	C	40299-1100	Amount of Each Receipt this Period 500.00
	Name of Employer Kentucky Hospital Associa- tion		sident, Membership Services	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SI	JBTOTAL of Receipts This Page (optional)			1500.00
T	OTAL This Period (last page this line number or	nly))	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 39 / 80		
	EMIZED RECEIPTS	or each category of the		(check only one)		
•••			Detailed Summary Page	X 11a 11b 11c 12 15 16 17		
Ar	y information copied from such Reports and St	atements may	not be sold or used by any person	on for the purpose of soliciting contributions		
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.		
\setminus	NAME OF COMMITTEE (In Full)					
	American Hospital Association PAC					
A.	Full Name (Last, First, Middle Initial) Ms. Debbie Riley			Date of Receipt		
	Mailing Address 502 Trotwood Place			05 25 2005		
	City	State	Zip Code	Transaction ID: 11213550		
	Louisville	KY	40245-4071	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		500.00		
	Name of Employer Kentucky Hospital Associa- tion	Occupation Chief Fina	n ancial Officer			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		500.00	1		
	Other (specify)		300.00			
В.				Date of Receipt		
	Mailing Address 937 Woodland Heights	<u> </u>				
	City	State	Zip Code	Transaction ID: 11213551		
	Louisville	KY	40245-5219	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		500.00		
	Name of Employer	Occupation Homema				
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		500.00	1		
	Other (specify)	0 0	300.00			
C.	Full Name (Last, First, Middle Initial) Mr. Michael T. Rust			Date of Receipt		
	Mailing Address 937 Woodland Heights	Drive		05 25 7 2005		
	City	State	Zip Code	Transaction ID: 11213552		
	Louisville	KY	40245-5219	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer Kentucky Hospital Associa-	Occupation				
	tion		and Chief Executive Office	<u>r </u>		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	,		
	Other (specify)		500.00			
s	UBTOTAL of Receipts This Page (optional))	1500.00		
Т.	TOTAL This Period (last page this line number only)					

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 40 / 80
ITEMIZED RECEIPTS			or each category of the	(check only one)
••	LIVIIZED HEGEII 10		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Δn	y information copied from such Reports and St	atemente may	y not be sold or used by any pers	
or	for commercial purposes, other than using the	name and ado	dress of any political committee to	osolicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Ms. Carol J. Walters			Date of Receipt
	Mailing Address Post Office Box 436629)		05 25 2005
	City	State	Zip Code	Transaction ID: 11213553
	Louisville	KY	40253-6629	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Kentucky Hospital Associa- tion	Occupation Vice Pres		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	7
	Other (specify)	0 0	300.00	
В.	Full Name (Last, First, Middle Initial) Mr. Arthur A Ushijima			Date of Receipt
ъ.	Mailing Address 1301 Punchbowl Street			M M / D D / Y Y Y Y
	Maining Address 15011 dilchbowi Street			05 25 2005
	City	State	Zip Code	Transaction ID: 11213561
	Honolulu	HI	96813-2499	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Queen's Medical Center	Occupation President	n t and Chief Executive Office	r
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	7
	Other (specify)	0 0	300.00	
C.	Full Name (Last, First, Middle Initial) Mr. Raymond L Replogle			Date of Receipt
Ο.	Mailing Address 1924 South Utica Aven	IIA		M M / D D / Y Y Y Y
	Suite 600			05 27 2005
	City	State	Zip Code	Transaction ID: 11236025
	Tulsa	OK	74104-6503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer St. John Sapulpa	Occupation President	n t and Chief Executive Office	r
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	7
	Other (specify)	0 0	0 0 0 0 0 0 0	1
S	UBTOTAL of Receipts This Page (optional)		<u></u>)	1250.00
T	OTAL This Period (last page this line number of	only)		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 41 / 80		
	· · · · · · · · · · · · · · · · · · ·		Use separate schedule(s) or each category of the	(check only one)		
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12		
				13 14 15 16 17		
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
	American Hospital Association PAC					
A.	Full Name (Last, First, Middle Initial) Ms. Katie Vaughan			Date of Receipt		
	Mailing Address 10-B Auburn Court			M " M / D " D / Y " Y " Y " Y		
	City	State	Zip Code	Transaction ID: PR1034595115026		
	Alexandria	VA	22305-2924	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		38.48		
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Associate	n e Director	7		
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General		011.64	P/R Deduction (\$20.00 Bi-		
	Other (specify)	0 0	211.64	Weekly)		
В.	Full Name (Last, First, Middle Initial) Ms. Melinda Reid Hatton			Date of Receipt		
	Mailing Address 325 Seventh Street, NW Suite 700	M " M / D " D / Y " Y " Y " Y				
	City	State	Zip Code	Transaction ID: PR1045726215026		
	Washington	DC	20004-2818	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		76.94		
	Name of Employer American Hospital Associa-	Occupation	n			
	tion-Washingt		ef Washington Counsel			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General Other (specify) ▼		423.17	P/R Deduction (\$40.00 Bi- Weekly)		
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Lindsay Mac Robinson			Date of Receipt		
	Mailing Address 107 East Lane			M M / D D / Y Y Y		
	City	State	Zip Code	Transaction ID: PR327727315026		
	Lake Barrington	IL	60010-1939	Amount of Each Receipt this Period		
	FEC ID number of contributing					
	federal political committee.	C		38.47		
	Name of Employer American Hospital Associa-	Occupation				
	tion-Chicago		sident, PMGs	_		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼			
	Other (specify) ▼		384.70	P/R Deduction (\$40.00 Bi- Weekly)		
[e	LUBTOTAL of Receipts This Page (optional)			153.89		
\vdash	ODITAL OF HOOGIPLE THIS Page (optional)					
Т.	TOTAL This Period (last page this line number only)					

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 42 / 80
	EMIZED RECEIPTS		or each category of the	(check only one)
•••	LIMIZED NECEIF 13		Detailed Summary Page	X 11a 11b 11c 12
•				13 14 15 16 17
or	ly information copied from such Reports and State for commercial purposes, other than using the nar	ments may ne and add	r not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Ms. Deborah F. Weiner			Date of Receipt
	Mailing Address 11004 Petersborough			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR327745915026
	Rockville	MD	20852-3249	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		90.92
	American Hosnital Associa-	Occupation Director,	n Grassroots Advocacy	
	Receipt For:		Year-to-Date ▼	
	Primary General	1 1	363.68	P/R Deduction (\$40.00 Bi-
	Other (specify) ▼	0 0	303.08	Weekly)
В.	Full Name (Last, First, Middle Initial) Mr. Mark Seklecki			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700	M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR327858015026
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		76.94
	American Hispaital Accesia	Occupation		
	tion-Washingt		Director, AHAPAC	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		423.17	P/R Deduction (\$40.00 Bi- Weekly)
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Richard J. Davidson			Date of Receipt
	Mailing Address 325 Seventh Street, NW			M M / D D / Y Y Y Y
	Suite 700			
	City	State	Zip Code	Transaction ID: PR327942115026
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		95.24
	Name of Employer American Hospital Associa-	Occupation	1	7
	tion-Washingt	President		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		285.72	P/R Deduction (\$40.00 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)			263.10
H	OTAL This Period (last page this line number only			

				FOR LINE AUMEDED DACE 40 400
S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 43 / 80
ıΤ	EMIZED RECEIPTS		or each category of the	(check only one)
• •	LIVIIZED NEGEIF 13		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
An	y information copied from such Reports and State	ments may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the nar	ne and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
_				
_	Full Name (Last, First, Middle Initial)			
۹.	Ms. Barbara Lorsbach			Date of Receipt
	Mailing Address 204 South 7th Avenue			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328136915026
	<u>La Grange</u>	_IL	60525-6406	Amount of Each Receipt this Period
	FEC ID number of contributing			90.92
	federal political committee.	C		90.92
	American Hócnital Δesocia-	Occupation		
	tion-Chicago		President, Member Relations	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		318.22	P/R Deduction (\$40.00 Bi-
	Other (specify)		310.22	Weekly)
	Full Name (Last, First, Middle Initial)			
3.	Mr. Calbreith L. Simpson			Date of Receipt
	Mailing Address 325 Seventh Street, NW			M M / D D / Y Y Y Y
	Suite 700			
	City	State	Zip Code	Transaction ID: PR328224815026
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing			83.34
	federal political committee.	C		00.04
	Name of Complemen	0		4
	American Hospital Associa-	Occupation		
	tion-Washingt		Executive	_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
			333.36	P/R Deduction (\$40.00 Bi- Weekly)
	Other (specify)	1 1		Weekly)
	Full Name (Last First Middle 1999)			+
•	Full Name (Last, First, Middle Initial) Dr. James D. Bentley, Ph.D.			Date of Receipt
٠.				₹
	Mailing Address 13106 Vingle Lane			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328224915026
	Silver Spring	MD	20906	Amount of Each Receipt this Period
	• •	IVID	20300	Amount of Each Necelpt this Feriod
	FEC ID number of contributing federal political committee.	C		76.94
	rederal political committee.			
	Name of Employer American Hospital Associa-	Occupation	<u> </u>	7
	American Hospital Associa- tion-Washingt	Sr. Vice I	President	
	tion washingt		e Year-to-Date ▼	7
	Primary General			P/R Deduction (\$40.00 Bi-
	Other (specify)		423.17	Weekly)
				' [
s	UBTOTAL of Receipts This Page (optional)			251.20
_	ago (optional)			
т	OTAL This Period (last page this line number only	v)	•	
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one) X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Ar or	ny information copied from such Reports and Staten for commercial purposes, other than using the nam	nents may e and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
\geq	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Mr. Richard J. Pollack			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328260915026
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		153.88
	American Heenital Accords	occupation xecutive	n e Vice President	
		Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		846.34	P/R Deduction (\$80.00 Bi- Weekly)
В.	Full Name (Last, First, Middle Initial) Mr. Richard H. Wade			Date of Receipt
	Mailing Address 1221 Cavalier Road			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328310415026
	Arnold	MD	21012-2126	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		76.94
	American Hecrital Accords	occupation Sr. Vice I	n President, Communications	
	tion washingt		Year-to-Date ▼	7
	Primary General Other (specify) ▼		423.17	P/R Deduction (\$40.00 Bi- Weekly)
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Stephen M. Ahnen			Date of Receipt
	Mailing Address 1001 N. Potomac St.			M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR328312715026
	Arlington	VA	22205-1629	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		76.94
	American Hospital Associa- tion-Washingt		ce President	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		423.17	P/R Deduction (\$40.00 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)			307.76
Т	OTAL This Period (last page this line number only)		>	

SC	CHEDULE A (FEC Form 3X)		11	FOR LINE NUMBER: PAGE 45 / 80
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
	EIVIIZED RECEIP I S		Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
An or f	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Lori M. Schor			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328341815026
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		76.94
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Director,	n Political Action & Grassroot	
	Receipt For:	<u> </u>	e Year-to-Date ▼	
	Primary General		423.17	P/R Deduction (\$40.00 Bi-
	Other (specify) ▼	0 0	423.17	Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Carolyn Forcina			Date of Receipt
	Mailing Address 200 Clover Hill Court	M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR328511815026
	Yardley	PA	19067-5736	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		41.68
	Name of Employer American Hospital Associa-	Occupation		
	tion-Chicago		Executive	_
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	D/D Dodustion (\$47.00 Di
	Other (specify)		666.72	P/R Deduction (\$47.60 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Anne E. Ubl			Date of Receipt
	Mailing Address 801 Pennsylvania Ave, 1 #245	٧W		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328767015026
	Washington	DC	20004-2615	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		80.00
	Name of Employer American Hospital Associa-	Occupation		7
	tion-Washingt	•	sident, Federal Relations	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		400.00	P/R Deduction (\$40.00 Bi- Weekly)
	Other (specify) ▼	0 0	0 0 0 0 0 0	Weekly)
SI	JBTOTAL of Receipts This Page (optional)			198.62
T	OTAL This Period (last page this line number or	ıly))	

SC	HEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 46 / 80
ITE	MIZED RECEIPTS		or each category of the	(check only one)
	IMIZED REGEN 10		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Any	information copied from such Reports and Sta	itements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or fo	or commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
1	NAME OF COMMITTEE (In Full)			
/	American Hospital Association PAC			
	Full Name (Last, First, Middle Initial) Mr. W. Thomas Deweese			Date of Receipt
N	Mailing Address 500 Interstate Boulevard	d South		M " M / D " D / Y " Y " Y " Y
-	Site	Ctata	7in Codo	
	City Nashville	State TN	Zip Code	Transaction ID: PR329215715026
_		IIN	37210-4634	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C		80.00
1	Name of Employer American Hospital Associa-	Occupation	n	7
t	ion-Chicago	Regional	Executive	
F	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		400.00	P/R Deduction (\$40.00 Bi-
	Other (specify) ▼	0 0	100.00	Weekly)
_	Full Name (Last, First, Middle Initial) Mr. Paul N. Muraca			Date of Receipt
N	Mailing Address 4960 138th Circle West	M M / D D / Y Y Y Y		
(Dity	State	Zip Code	Transaction ID: PR330475415026
	Apple Valley	MN	55124-9229	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C		80.00
1	Name of Employer American Hospital Associa-	Occupation	n	7
	American Hospital Associa- ion-Chicago		Executive	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	-	400.00	P/R Deduction (\$40.00 Bi-
	Other (specify) ▼		400.00	Weekly)
	Full Name (Last, First, Middle Initial) Dr. Donald Nielsen, MD			Date of Receipt
_	Mailing Address 195 Oxford Court			M M / D D / Y Y Y Y
(Dity	State	Zip Code	Transaction ID: PR330524815026
	Alamo	CA	94507-1753	Amount of Each Receipt this Period
- F	EC ID number of contributing			
	ederal political committee.	C		76.94
1	Name of Employer American Hospital Associa-	Occupation		
<u>t</u>	ion-Chicago		ce President	
F	Receipt For:	Aggregate	e Year-to-Date ▼	. [
	Primary General		423.17	P/R Deduction (\$40.00 Bi- Weekly)
	Other (specify) ▼		0 0 0 0 0 0 0	Weekly)
su	BTOTAL of Receipts This Page (optional)			236.94
			•	38361.82
I TO	TAL This Period (last page this line number or	nıy)	>	

FOR LINE NUMBER: PAGE 47/80 Use separate schedule(s) (check only one) or each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 **X** 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) A. Citibank, F.S.B. Date of Receipt Mailing Address 1400 G Street, NW 0 5 31 2005 City Zip Code State Transaction ID: 11226795 Washington DC 20005 Amount of Each Receipt this Period FEC ID number of contributing C 178.46 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Bank Interest Received 908.50 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	178.46
TOTAL This Period (last page this line number only)	<u> </u>	178.46

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SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 80 (check only one) 11a 11b 11c X 12 13 14 15 16 17
Any information copied from such Reports and St or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Health Alliance of PA PAC - Federal Mailing Address Post Office Box 8600		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Harrisburg</u>	State Zip Code PA 17105-8600	Transaction ID: 11235981 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C C00128082	10000.00
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 30000.00	

SUBTOTAL of Receipts This Page (optional)	•	10000.00
TOTAL This Period (last page this line number only)	•	10000.00

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SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 / 80 (check only one) 11a 11b X 11c 12 13 14 15 16 17
Any information copied from such Reports and State for commercial purposes, other than using the r		
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Triad Hospitals Good Government Fund Mailing Address 5800 Tennyson Pkwy.		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 11249373
Plano	TX 75024	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C C00347062	5000.00
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	Refunded 6/20/05

SUBTOTAL of Receipts This Page (optional)	•	5000.00
TOTAL This Period (last page this line number only)	•	5000.00

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S	CHEDULE B (FEC Form 3X)	Use sepe	rate schedule(s)		FOR LI			R:			P.A	ιGE	50 /	80	
IT	EMIZED DISBURSEMENTS		category of the	_	(check o	<u> </u>	· .			_	٦	_	1	_	-
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_	16 11 12 12	<u> </u>			27		28a	Ш	28b	يـــ	28c	ㅗ	29	L	30b
	y Information copied from such Reports and Statem for commercial purposes, other than using the name													IS	
Λ	NAME OF COMMITTEE (In Full)														
	American Hospital Association PAC														
_	Full Name (Last, First, Middle Initial)					-	Trans	acti	on ID	: 1	12268	<u></u> 81			
A.	Merchant Bankcard						Date o		isburs	en	nent		, v	Υ	
	Mailing Address 1601 Elm Street						0 5			0 4			o ŏ	5	
	<i>y</i>	State TX	Zip Code 75201				Amou	nt o	f Eacl	ı D	isburse	men	t this	Peri	od
	Purpose of Disbursement		10201				_ `						215.	61	
	Bank Fees				001					-		_			
	Candidate Name				egory/ ype										
	Senate President	ment For: Primary Other (spe	General cify) ▼			E	Bank	Fee	es						
	State: District:														
В.	Full Name (Last, First, Middle Initial) Citibank, F.S.B.						Trans Date o				12268	78			
	5.11.54.11.1, 1.15.12.1							м	/ D		7 / 7	, · · · ·	, Y	Υ	
	Mailing Address 1400 G Street, NW						0 5		L	1 8	3	2	o ŏ	5	
		State DC	Zip Code 20005				Amou	nt o	f Eacl	ı D	isburse	mer	t this	Peri	od
		DO	20003				Γ.						46.	98	
	Purpose of Disbursement Bank Fees			C	001			-		•		_	-10.	50	
	Candidate Name				egory/ ype										
	Office Sought: House Disburse	ment For:					اداددا								
	Senate	Primary	General				Bank	ree	s S						
	President	Other (spec	cify) 🔻												
	State: District:														

1		
SUBTOTAL of Disbursements This Page (optional)		262.59
TOTAL This Period (last page this line number only)	•	262.59

SCHEDOLL B (I LCI OIII 3X)	Use seperate schedule(s)	FOR LINE NUMBER: PAGE 51 / 8 (check only one)									
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28 28a 28b 28c 29	26 30b							
Any Information copied from such Reports and Sta or for commercial purposes, other than using the na											
or for commercial purposes, other than using the his NAME OF COMMITTEE (In Full)	ine and address of any political co	minintlee to st	Onest Continuations from Such Committee								
American Hospital Association PAC											
Full Name (Last, First, Middle Initial)			Transaction ID: 11171945								
A. Sandhills PAC			Date of Disbursement								
Mailing Address 818 Connecticut Ave.,	NW, Suite 10		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$								
City	State Zip Code DC 20006		Amount of Each Disbursement this Period	t							
Washington Purpose of Disbursement	20000		1000.00	П							
2005 Contribution		011									
Candidate Name		Category/ Type									
Senate President	rsement For: Primary General Other (specify) ▼		2005 Contribution								
State: District:											
Full Name (Last, First, Middle Initial) Stabenow For Us Senate			Transaction ID: 11171990 Date of Disbursement								
Markey Address - DO D - 49 45			05 09 7 2005								
Mailing Address PO Box 4945											
City East Lansing	State Zip Code MI 48826		Amount of Each Disbursement this Period	į T							
Purpose of Disbursement			1000.00								
Contribution Candidate Name		011									
Sen. Debbie Stabenow		Category/ Type									
Office Sought: House Disbu X Senate President	rsement For: 2006 Primary X General Other (specify)		Contribution								
State: MI District: 2											
Full Name (Last, First, Middle Initial) Gordon Smith for U.S. Senate			Transaction ID: 11171949 Date of Disbursement								
Mailing Address 5285 SW Meadows Re	pad, Suite 181		$\begin{bmatrix} \begin{smallmatrix} M & S & M \\ O & S & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D & D \\ O & O \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & O & O \\ Z & O & O & S \end{bmatrix}$								
City Lake Oswego	State Zip Code OR 97035		Amount of Each Disbursement this Period	t							
Purpose of Disbursement 2008 Contribution		011	1000.00								
Candidate Name Sen. Gordon Smith		Category/ Type									
Office Sought: House Disbu X Senate President State: OR District: 2	rsement For: 2008 Primary X General Other (specify)		2008 Contribution								
SUBTOTAL of Disbursements This Page (options	ı)		3000.00								
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TOTAL This Period (last page this line number or	ly)										

	SHEDOLL B (I LOT OHII 3X)	Use seperate schedule(s)	DR LINE NUMBER: PAGE 52 / 80 heck only one)
ΙT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b
	y Information copied from such Reports and State		
orı	for commercial purposes, other than using the nar	e and address of any political commit	tee to solicit contributions from such committee
$ \rangle$	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
<u></u>	Full Name (Last, First, Middle Initial)		
Α.	Murtha For Congress Committee		Transaction ID: 11171983 Date of Disbursement
	Mailing Address Suite 220 551 Main Stre Bt Financial Plaza Suite		$\begin{bmatrix} \begin{smallmatrix} M & 5 & M \\ 0 & 5 & M \end{smallmatrix} & \begin{smallmatrix} D & D & D \\ 0 & 0 & 9 \end{smallmatrix} & \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 5 & Y \end{bmatrix}$
	City Johnstown	State Zip Code PA 15901	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	01	1 1000.00
	Candidate Name Rep. John P. Murtha	Categ Typ	
	X	ement For: 2006 Primary General Other (specify)	Contribution
	Full Name (Last, First, Middle Initial)		Transaction ID: 11171978
В.	Mike Mcintyre For Congress		Date of Disbursement
	Mailing Address P.O. Box 1		0 5 0 9 7 2 0 0 5
	City Lumberton	State Zip Code NC 28359	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	01	
	Candidate Name Rep. Mike McIntyre	Cateç Tyr	
	Senate President	ement For: 2006 Primary General Other (specify)	Contribution
	State: NC District: 7 Full Name (Last, First, Middle Initial)		
C.	Nathan Deal For Congress		Transaction ID: 11171971 Date of Disbursement
	Mailing Address PO Box 902		0 5 0 9 7 2 0 0 5
	City Gainesville	State Zip Code GA 30503	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	01	1 1000.00
	Candidate Name Rep. Nathan Deal	Cateo Typ	
		ement For: 2006 Primary General Other (specify)	Contribution
S	UBTOTAL of Disbursements This Page (optional)		3000.00

	SHEDOLL B (I LCI OIIII 3X)	Use seperate schedule(s)		_	.INE N : only (IUMBE	:H:			PAGI	= 53/	80
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		Ę	21	b Ľ	22 28a	Х	23 28b	\square	24 28c	25 29	26 30b
	y Information copied from such Reports and State												ns
or	for commercial purposes, other than using the nat	ne and address of any politica	u com	ım	iittee t	o solic	eit conti	ributi	ons tr	om si	ucn con	ımıttee	
$ \rangle$	NAME OF COMMITTEE (In Full) American Hospital Association PAC												
L	American Hospital Association 1 Ac												
Α.	Full Name (Last, First, Middle Initial)										71954		
۸.	Friends Of Rosa Delauro						11.1	of D	isburs	emen		YY	Υ
	Mailing Address 49 Huntington Street						o ^M 5			9	Ĺ.	ž 0 ŏ	5
	City	State Zip Code					Amou	int o	f Each	Disb	urseme	nt this	Period
	New Haven	CT 06511					T.		-		•	1000.	00
	Purpose of Disbursement Contribution			0	11	7		•	_	-		1000.	00
	Candidate Name		1 —	_	egory/	-							
	Rep. Rosa L. DeLauro			T	уре								
	X X	sement For: 2006 X Primary General					Contr	ibut	ion				
	President	Other (specify)											
	State: CT District: 3												
В.	Full Name (Last, First, Middle Initial) Enzi For Us Senate										40924		
	Elizi Foi Os Seliate							м	isburs			YY	Υ
	Mailing Address PO Box 2775						0 5		C	9	L.	ž 0 ŏ	5
	City	State Zip Code					Amou	int o	f Each	Disb	urseme	nt this	Period
	Cody Purpose of Disbursement	WY 82414		_								1000.	00
	2008 Contribution			0	11			-					
	Candidate Name Sen. Michael B. Enzi				egory/ ype								
	Ŭ →	sement For: 2008	•				2008	Cor	ntribu	tion			
	X Senate	X Primary General Other (specify) ▼						00.					
	State: WY District: 2	Other (specify)											
C.	Full Name (Last, First, Middle Initial)										71964		
Ο.	Richard E Neal For Congress Committee							of Di	isburs	emen		Y Y	Y
	Mailing Address 76 Magnolia Terrace						0 5			9	L.	žoŏ	5
	City Springfield	State Zip Code MA 01108					Amou	int o	f Each	Disb	urseme	nt this	Period
	Purpose of Disbursement Contribution			0	11	7						1000.	00
	Candidate Name		1 —	_	egory/	-							
	Rep. Richard E. Neal				уре								
		sement For: 2006 X Primary General					Contr	ibut	ion				
	President	Other (specify)											
	State: MA District: 2												
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ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 28a		4 8c	25 29	26 30b
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 NAME OF COMMITTEE (In Full) 	ie and address of any political co	minilitee to St	mon continuu	110115 11 0111 SU	JII COIIIII	ıııı ce	
American Hospital Association PAC							
Full Name (Last, First, Middle Initial)			Transact	ion ID: 1117	'1969		
Nadler For Congress				Disbursement / D D /	VV		/
Mailing Address Village Station PO Box	40		0 5	09	2	0 0 5	
City New York	State Zip Code NY 10014		Amount o	of Each Disbu			-
Purpose of Disbursement	Г				2	000.00)
Contribution Candidate Name		011 Category/					
Rep. Jerrold L. Nadler		Type					
X	ement For: 2006 Primary General Other (specify)		Contribu	tion			
Full Name (Last, First, Middle Initial)			-	: ID 4447	74057		
Boswell For Congress				ion ID: 1117 Disbursement		· v · v	7
Mailing Address PO Box 6220			0 5	0 9	' 2	0 0 5	
City Des Moines	State Zip Code IA 50309		Amount o	of Each Disbu			-
Purpose of Disbursement Contribution		011			. 1	000.00)
Candidate Name Rep. Leonard L. Boswell		Category/ Type					
X	ement For: 2006 Primary General Other (specify) ▼		Contribu	tion			
Full Name (Last, First, Middle Initial) Joe Wilson For Congress Committee				ion ID: 1117	'1975		
			M M	0 9	YYY	0 Ď 5	1
Mailing Address Post Office Box 2145			0 5				
City West Columbia	State Zip Code SC 29171		Amount o	of Each Disbu			-
Purpose of Disbursement Contribution		011			. 1	000.00)
Candidate Name Rep. Joe Wilson	-	Category/ Type					
Office Sought: X House Disburs	ement For: 2006 Primary General Other (specify)	.,,,,,	Contribu	tion			
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					t	27		28a		28b		280	_	29		30b
	r Information copied from such Reports and State or commercial purposes, other than using the nan														ıs	
\	NAME OF COMMITTEE (In Full)							01. 00111.			-	-	-			
$ \rangle$	American Hospital Association PAC															
/	Full Name (Last, First, Middle Initial) Boozman For Congress							Trans		ion ID			967			
								М	_) 9		Y	/ ` Y	Y	
	Mailing Address PO Box 671							0 5			9	J L	2	2 o ŏ)	
	City Rogers	State AR	Zip Code 72757					Amou	int o	f Eacl	n Di	sburs	emer	nt this	Perio	d
	Purpose of Disbursement Contribution			Г	0	11	7	L.			0			1500.	00	_
	Candidate Name Rep. John N. Boozman			С	at	egory/ ype	-									
	9 12	ement For: Orimary Other (spe	2006 General) P -		Contr	ibut	tion						
	State: AR District: 3															
В.	Full Name (Last, First, Middle Initial) PhilPAC: Prosperity Helps Inspire Liberty							Trans Date		i on ID isburs			943			
	Mailing Address P.O. Box 26366							0 ^M 5	М	/ D	ว 9	/	Ý	2 o ŏ	5 ^Y	
	City	State	Zip Code					Amou	ınt o	f Eacl	n Di	sburs	emer	nt this	Perio	d
	Alexandria	VA	22313								•	•		3000.	nn.	
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— С.	Full Name (Last, First, Middle Initial)							Trans					962			
٥.	Cole For Congress							M	of D	isburs		ent 1 / C	Υ Υ	/ Y	Υ	
	Mailing Address P.O. Box 722256							0 5			9		2	0 Ŏ	5	
	City Norman	State OK	Zip Code 73070					Amou	int o	f Eacl	n Di	sburs	-	nt this		d
	Purpose of Disbursement Contribution				0	11	7	L.						1000.	00	_
	Candidate Name Rep. Thomas Cole					egory/ ype										
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	CHEDULE B (FEC Form 3X)	Use seperate schedu	ıle(s)	FOR L		NUMBE	R:		PAGI	E 56/	80
IT	EMIZED DISBURSEMENTS	for each category of t Detailed Summary Pa		21	ьĆ	22 28a	X 23 28b		24 28c	25 29	26 30b
	y Information copied from such Reports and Statem for commercial purposes, other than using the name										IS
	NAME OF COMMITTEE (In Full) American Hospital Association PAC				.0 0011	SIC 301181	Sations		4011 0011		
Α.	Full Name (Last, First, Middle Initial) White Mountain PAC						action I				
	Mailing Address P.O. Box 1772					0 ^M 5	M / D	0 9	/ Y	ž 0 Ď :	5 Y
	City Concord	State Zip Code NH 03302				Amou	nt of Eac	ch Disk	ourseme	ent this I	Period
	Purpose of Disbursement 2005 Contribution			011		L.				1000.	00
	Candidate Name		C	ategory/ Type							
	Office Sought: House Disburse Senate President State: District:	ement For: Primary General Genera	eral			2005	Contrib	ution			
В.	Full Name (Last, First, Middle Initial) CARE PAC					Date o	action I	rsemen	it		
	Mailing Address 228 South Washington S Suite 340					0 ^M 5	M / C	0 9	/ Y	ž 0 ŏ t	5 ^Y
	Alexandria	State Zip Code VA 22314				Amou	nt of Ead	ch Dist	ourseme		
	Purpose of Disbursement 2005 Contribution Candidate Name			011 ategory/			•			1000.	00
				Type							
	Office Sought: House Disburse Senate President State: District:	ement For: Primary General Genera	eral			2005	Contrib	ution			
C.	Full Name (Last, First, Middle Initial) Friends Of George Allen						action I				
	Mailing Address PO Box 6859					0 ^M 5	M / D	0 9	/ Y	ž 0 ŏ !	5 Y
	City Arlington	State Zip Code VA 22206				Amou	nt of Ead	ch Dist	ourseme		
	Purpose of Disbursement Contribution			011					•	1000.	00
	Candidate Name Sen. George F. Allen			ategory/ Type							
	X Senate X President	ement For: 2006 Primary Gene Other (specify)	eral			Contri	bution				
[State: VA District: 2 UBTOTAL of Disbursements This Page (optional)						· · ·			3000.	00
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A. Sue Kelly For Congress Mailing Address PO Box 599 City State Zip Code NY 10536 Purpose of Disbursement Contribution Candidate Name Rep. Sue W. Kelly Office Sought: X House Senate President State: NY District: 19 Full Name (Last, First, Middle Initial) B. Bob Filner For Congress City State Zip Code Contribution Category/ Type Contribution Candidate Name Rep. Bob Filner Office Sought: X House Senate President State: CA District: 51 Full Name (Last, First, Middle Initial) Transac Chate of I 0 5 M Amount: Category/ Type Contribution Contri	
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Full Name (Last, First, Middle Initial) Boyd For Congress						t ion ID: Disburse	111730)05			
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Full Name (Last, First, Middle Initial) Tammy Baldwin For Congress			Transaction ID: Date of Disburse	ement
Mailing Address P O Box 696			05 1	8 7 2005
City Madison	State Zip Code WI 53701		Amount of Each	Disbursement this Period
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Candidate Name Rep. Tammy Baldwin		Category/ Type		
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Full Name (Last, First, Middle Initial) Boswell For Congress			Transaction ID:	ement
Mailing Address PO Box 6220			05 1	8 / 2005
City Des Moines	State Zip Code IA 50309		Amount of Each	Disbursement this Period
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City Chesapeake	State Zip Code VA 23328		Amount of Each	Disbursement this Period
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	Mailing Address P.O. Box 101124					0 ^M 5	М	/ D2	23	/ Y	ž 0 Ď :	5 ^Y
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	Full Name (Last, First, Middle Initial) Charlie Dent For Congress			Transaction ID: 11 Date of Disburseme	nt
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	City Allentown	State Zip Code PA 18105		Amount of Each Dis	bursement this Period
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_	Full Name (Last, First, Middle Initial) Charlie Dent For Congress			Transaction ID: 11 Date of Disburseme	
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_	Full Name (Last, First, Middle Initial) John Salazar For Congress			Transaction ID: 11 Date of Disburseme	
	Mailing Address P.O. Box 534			05 / 24	['] 2005
	City Pueblo	State Zip Code CO 81002		Amount of Each Dis	bursement this Period
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B.	Linder For Congress							Date of 0.5	of Di	/ D	seme	ent / N	, , , , , , , , , , , , , , , , , , ,) Ó 5	Y
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C.	Costello For Congress Committee							Date of		isburs	seme			Y	Υ
	Mailing Address P. O. Box 8250							0 5		L	3 1		2 0) Ó 5	
	City Belleville	State IL	Zip Code 62222					Amou	int o	f Eac	n Dis	sburse	ment th	-	
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	Mailing Address P.O. Box 435						-		M		3 1		Y	οŏ:	5 Y	
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٦.	Hatch Election Committee Inc						Date of	Disburs				V/	
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•	Lincoln Davis For Congress							Disburs		v	· · ·	V	
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Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Bricker & Eckler PAC Mailing Address 100 South Third Street City Columbus OH Purpose of Disbursement Refund Candidate Name Office Sought: House Senate Primary General Other (specify) President Other (specify) President Other (specify) Primary General Other (specify) Primary General Other (specify) President	S	CHEDULE B (FEC Form 3X	Use seperate schedule(s)				IUMBEF	₹:			PA	GE	80 / 8	30	
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